

<h2 style="margin: 0;">SUPERVISOR'S REQUEST FOR HEALTH MONITORING</h2>			1. ORGANIZATION (Break down to lowest assigned unit of employee)			SITE CODE											
			ACCOUNTING CODE			2. LOCATION OF EXPOSURE (Lab, greenhouse, etc.)											
3. NAME AND SOCIAL SECURITY NUMBER OF EMPLOYEE						4. EMPLOYEE'S ADDRESS AND TELEPHONE NUMBER											
5. AGE			<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE			7. TITLE, SERIES, GRADE AND STEP											
8. SIGNATURE OF EMPLOYEE				DATE SIGNED		9. SIGNATURE OF SUPERVISOR				DATE SIGNED							
10. EXPOSURE CATEGORIES (Enter exposure code letter in applicable column (T, R, F) below.) <b>COLUMN (T) TYPE</b> V = Vicinity of User U = Directly to User						<b>COLUMN (R) ROUTE</b>  I = Inhalation S = Skin			<b>COLUMN (F) FREQUENCY</b>  D = Daily      M = Monthly      A = Accidentally W = Weekly      S = Seasonally      O = Other (Specify)								
A. CHEMICAL AGENTS			T	R	F	A. CHEMICAL AGENTS (Continued)			T	R	F	D. PHYSICAL AGENTS (Continued)			T	R	F
Solvents (Specify)						Other Chemical Agents (Specify)						Heat (Specify)					
												Nonionizing Radiation (Specify)					
Pesticides (Specify)						B. INERT DUST (Specify)						Other Physical Agents (Specify)					
						C. BIOLOGICAL AGENTS (Specify)						E. RADIOLOGICAL MATERIALS AND EQUIPMENT (Specify)					
Growth Regulators (Specify)						D. PHYSICAL AGENTS						F. OTHER (Specify)					
						Noise (Specify)											
11. ACTIONS REQUESTED																	
Obtain a brief personal and family history (in order to respond to Block 12). Examine for physical manifestations which may have resulted from exposure categories indicated above. Perform ONLY the specific clinical tests indicated ("X") below:																	
<input type="checkbox"/> Chemistry Blood Screen <input type="checkbox"/> Brucellosis Blood Test <input type="checkbox"/> Baseline Serum Sample for Storage <input type="checkbox"/> Chest X-ray <input type="checkbox"/> Other (Specify): _____						<input type="checkbox"/> Complete Blood Count <input type="checkbox"/> Psittacosis Blood Test <input type="checkbox"/> Urinalysis <input type="checkbox"/> Audiometric Test <input type="checkbox"/> Tuberculosis Test						<input type="checkbox"/> Reticulocyte Count (for Benzene exposure) <input type="checkbox"/> Blood Cholinesterase Determination <input type="checkbox"/> Urinary Sediment Cytology <input type="checkbox"/> Pulmonary Function (Spirometry Test) <input type="checkbox"/> Liver Function Test					
12. PHYSICIAN'S AND LAB OFFICIAL'S REPORT AND COMMENTS																	
Notify the employee of any anomalies and of any immediate actions that he/she should take. Supervisor retains a copy. A copy should be forwarded with sample specimens to the laboratory.												13. SIGNATURE OF PHYSICIAN OR LAB OFFICIAL			DATE SIGNED		